



DEPARTMENT OF ADMINISTRATIVE SERVICES OREGON FORWARD CONTRACTOR ANNUAL REPORT

1. The information provided is for the fiscal year ending on _____ (mm/dd/yy).
(This Report is due 120 days after the end of the organization's fiscal year.)
2. Principal Name of Legal Entity: _____
3. Principal Mailing Address: _____
4. DBA and Mailing Address (*Only provide DBAs pertaining to the Oregon Forward Program*): _____
5. Chief Executive Officer (CEO): _____ Phone No. _____
6. CEO Email Address: _____ Fax No. _____
7. List Board Officers and contact information.

Office	Name	Business Address	Phone
President/Chairperson			
Vice President/Chairperson			
Secretary			
Treasurer			

Name the contact person in your organization that Public Agencies should contact to procure Oregon Forward Program products or services. This information will be identified on the "Procurement List" to help Public Agencies contact the right person in your organization.

QRF Contact Name	Product(s)/Service(s)	Phone Number	Email Address

CALCULATION AND REPORTING DIRECT LABOR¹ RATIO

(The data included in the calculation of direct labor should include the entire company.)

Labor Description	Hours
a. Direct labor hours worked by employees with qualifying disabilities.	
b. Direct labor hours worked by employees without qualifying disabilities.	
c. Direct labor hours worked by all employees. <i>(This is the sum of line a and line b)</i>	
d. Indirect labor hours worked by all employees.	
e. Total hours worked by all employees in the corporation. <i>(This is the sum of line c and line d)</i>	

1. "Direct labor" means all work required for the manufacture, preparation, processing and packing of products produced by an OFC and all work performed in rendition of services by an OFC. Direct labor does not include supervision, administration, shipping, or client-type services provided by an OFC to Individuals with a Disability served by the OFC, such as job training and therapeutic services.. OAR 125-055-0035(2)(a)

EMPLOYEE INFORMATION

Provide the number of individuals with documented disability employed by your organization through the Oregon Forward Program by eligibility source. Use one primary source per individual.

Qualifying Documentation	Number of Employees
a. A letter on United States Veterans Administration letterhead stating that the individual has been determined eligible for vocational services due to his or her disability.	
b. A letter on Social Security Administration letterhead stating the individual is eligible for benefits due to his or her disability.	
c. Documentation from the Oregon Department of Human Services (DHS) or a DHS-designated Community Developmental Disability Program that the individual has an existing disability.	
d. Documentation from the Oregon Commission for the Blind that the individual has been determined to have a disability.	
e. Documentation from a Qualified Mental Health Professional that the individual is determined to have mental illness.	
f. Documentation on the Department’s “Documentation of Disability” form signed by a medical professional.	
g. Total number of individuals with disabilities employed by this organization. <i>(This is the sum of line a through line f)</i>	

PUBLIC AGENCY CONTRACTS

List all contracts procured through the Oregon Forward Program during this reporting period. Enter revenues in the appropriate column. Local governments may include Counties, Cities, School Districts, Special Districts and Public Utilities. Do not include federal and private contracts. (Use additional pages as required)

Public Agency Name	Type of Product/Service	Contract #	State Contract Revenues	Local Govt. Contract Revenues
<i>Add the “State Contract” column separately from the “Local Govt. Contract” column.</i>			Sub-Totals →	
<i>Add the “State Contract” Sub-Total and “Local Govt. Contract” Sub-Total together for a total of public contracts.</i>			Total Public Contracts →	

CERTIFICATION

The individual signing below on behalf of the organization certifies and affirms the information supplied is correct and this organization:

- 1) is organized to provide training or employment for individuals with disabilities in this state, that complies with any applicable occupational health and safety standards required by the laws of the United States or of this state and during the fiscal year employs individuals with qualifying disabilities for not less than required by ORS 279.835(6)(c); *and*
- 2) understands and agrees that as a condition of acceptance in the Oregon Forward program and subsequent listing in the Oregon Forward Program Procurement List, this organization shall comply with the applicable requirements set forth in Oregon Revised Statute (ORS) 279.835 through 279.850 and Oregon Administrative Rule (OAR) 125-055-0005 through 125-055-0045; *and*
- 3) understands and agrees that the intentional submission of false or misleading information may result in immediate disqualification from participation in this program; *and*
- 4) complies with all applicable occupational health and safety standards required by the laws of the U.S. and of this state.

Authorized Signature: _____

Title: _____ Date: _____

Email Report to: OREGON FORWARD PROGRAM COORDINATOR
 Darvin.pierce@oregon.gov

FOR INTERNAL USE ONLY

Date received: _____

Comments: _____

Signature of Approving Official

Date approved: _____